DFW



AMENDMENT TRANSMITTAL LETTER						Docket No. 69448-00020USPT				
Application No. 10/766,563		Filing (January 2	The state of the s	Examiner H. R. Rose		Art Unit 2163				
Applicant(s): Darren Ronald Boisjolie et al.										
nvention: METHOD OF PROVIDING ELECTRONIC MULTI-LAYERED FILTERING AND ACCOUNTABILITY										
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.										
CLAIMS AS AMENDED										
	Claims Highest Remaining Number After Previously Extra Claims		Rate							
Total Claims		- 20 =		х						
Independent Claims		- 3 =		х						
Multiple Depend	Multiple Dependent Claims (check if applicable)									
Other fee (please specify): Extension for response within first month						120.00				
TOTAL ADDIT		120.00								
X Please charge A duplicate of A check in the Payment by X The Director	copy of this she ne amount of \$ credit card. Fo	eet is enclosed orm PTO-2038	0-0447 i to cover is attached.	t Deposit Account N		-0447				
x Credit any overpayment.										
Ross T. Robins Attorney/Agent	·		n processing	fees required under 3	,					
JENKENS & GI 1445 Ross Ave Dallas, Texas 7 (214) 965-7300	nue, Suite 370 75202		AL CORPOR	ATION						
I hereby certify that this the date shown below with Alexandria, VA 22313-1	ith sufficient postage	y paper referred to as as First Class Mail, i Signature:	s being attached on an envelope add	or enclosed) is being deposited dressed to: Commissioner for the commiss	or Patents, P.	S. Postal Service on O. Box 1450,				

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the aperwork F	Reduction A	995, no person are re	equired to	respond to a collection	n of informa	ition unless it displays	a valid OMB	control number.	
EH.	Complete if Known								
Fees pursuant to the 1933 the Appropriations Act, 2005 (H.R. 4818).			Application Number		10/766,563				
FEE TRANSMITTAL			Filing Date		January 26, 2004				
For FY 2005			First Named Inventor		Darren Ronald Boisjolie				
				Examiner Name		H. R. Rose			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2163				
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 69448-0002			5P1		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
X Deposit Account	Deposit Account N	lumber: 10-0447	Deposit Acc	count Name: Jenke	ens & Gi	Ichrist, a Profess	sional Cor	poration	
For the above-i	dentified depo	sit account, the D	irector is	hereby authorize	ed to: (che	eck all that apply)			
x Charge fe	e(s) indicated	below .		Charg	e fee(s) iı	ndicated below, ex	cept for th	e filing fee	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION				-					
1. BASIC FILING, SEA	RCH, AND EX	CAMINATION FE	ES						
	FIL	ING FEES	SE	ARCH FEES	EXAM	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEI	ES							Small Entity	
Fee Description							<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (in	_	•					50	25	
Each independent claim		iding Reissues)					200	100	
Multiple dependent cla					_	4 -141 - 1 - Danie	360	180	
			Paid (\$) Multiple Deper			Fee Paid (\$)			
- 20 = HP = highest number of tot	al claims paid for,				ŗ	<u>ee (\$)</u> <u>F</u>	ee raiu jy	2	
Indep. Claims E	ktra Claims	Fee (\$)	Fee	Paid (\$)				_	
-3=	x								
HP = highest number of ind		paid for, if greater tha	ın 3.		_			-	
3. APPLICATION SIZE		road 100 chapts	ofnoner	(aveluding alactr	onically	filed sequence or	computer		
If the specification an listings under 37 C	u drawings ex FR 1.52(e)). 1	the application size	oi papei ze fee di	e is \$250 (\$125 t	onicany	entity) for each ac	ditional 50)	
sheets or fraction t	hereof. See 3	5 U.S.C. 41(a)(1)	(G) and	37 CFR 1.16(s).				_ 6	
Total Sheets	Extra Sheet	_		dditional 50 or fra			Fee I	Pald (\$)	
	=			(round up to a who	ole number) x =		5 11 (2)	
4. OTHER FEE(S)) 6 (11					Fees	Paid (\$)	
Non-English Specif Other (e.g., late filing					ret mont	h	12	0.00	
	ig surcharge).	1201 Exterisio	1110116	Sporiso Within II	ot mont				
SUBMITTED BY	TI	//		Registration No.	47.024	Telephone	(214) 06	5_7300	
Signature	<u> </u>	<u> </u>		(Attorney/Agent)	47,031		phone (214) 965-7300		
Name (Print/Type) Ross	T. Robinsor	l			·	Date UCT.	10,700	6	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22316-1450.
Alexandra, VA 223 (6-1430)